



PTO/SB/21 (10-07)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/723,268-Conf. #8759
	Filing Date	November 26, 2003
	First Named Inventor	Barb A. Cohen
	Art Unit	1657
	Examiner Name	T. M. Gough
Total Number of Pages in This Submission	Attorney Docket Number	59660RCE(300541)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Continued Examination
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Amendment After Final, filed December 31, 2007
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Jeffrey Kopaez		
Date	February 27, 2008	Reg. No.	54,744



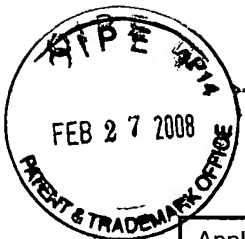
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/723,268-Conf. #8759
		Filing Date	November 26, 2003
		First Named Inventor	Barb A. Cohen
		Examiner Name	T. M. Gough
		Art Unit	1657
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	59660RCE(300541)	
TOTAL AMOUNT OF PAYMENT	(\$)	930.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
Total Claims							Fee Paid (\$)
- = x =							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							Fee Paid (\$)
- = x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month							525.00
2801 Request for continued examination (RCE) (see 37 ...							405.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	54,744
Name (Print/Type)	Jeffrey Kopacz	Telephone	(617) 239-0719
		Date	February 27, 2008



Application No. (if known): 10/723,268

Attorney Docket No.: 59660RCE(300541)

Certificate of Express Mailing Under 37 CFR 1.10

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Transmittal (1 page)
Fee Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Copy of Amendment After Final, filed December 31, 2007 (35 pages)
Charge \$930.00 to deposit account 04-1105